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Past, Present, and Future

## Background

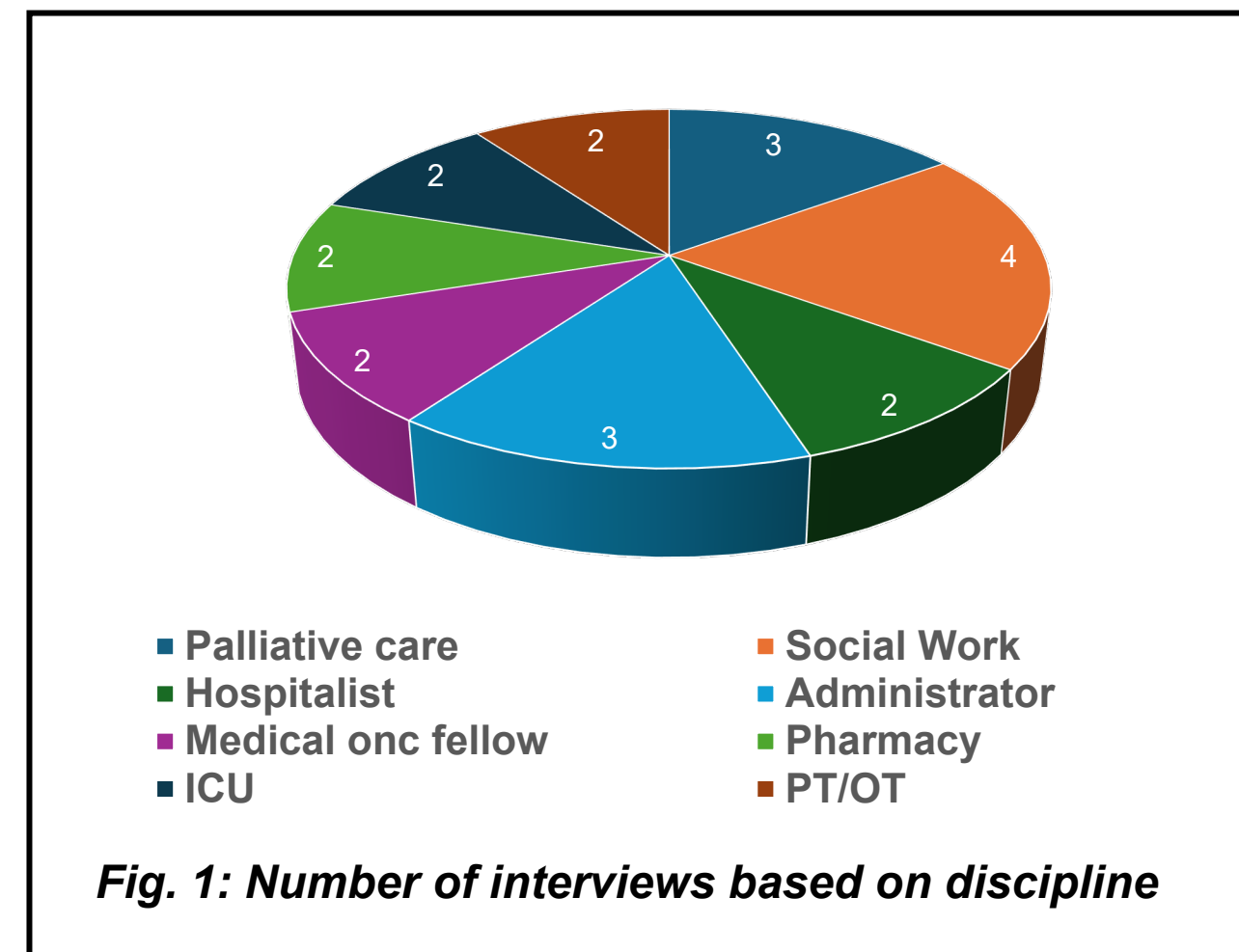
- Timely goals of care (GOC) conversations form a crucial component of high-quality cancer care and are associated with improved patient- and healthcare system-level outcomes<sup>1-3</sup>.
- Despite this, GOC conversations are often delayed or do not happen over the course of an acute inpatient stay<sup>4</sup>.
- This study aimed to qualitatively explore healthcare providers' opinions on the appropriate timing of and barriers to GOC conversations for inpatients admitted to an acute oncology setting at a tertiary cancer center.

## Methods

- A purposive sample of interprofessional interdisciplinary team members providing inpatient care at a tertiary cancer centre in Toronto, Canada were selected.
- One-on-one semi-structured interviews were conducted. Interviews were audio-recorded, transcribed and anonymized.
- A thematic analysis approach was used, with interviews independently reviewed by three researchers to generate initial codes. Group coding sessions identified and refined themes and subthemes.

## Results

- 20 interviews were completed with participants from 9 disciplines (Figure 1).



## Timing of GOC conversations

- All participants felt that GOC conversations should be initiated early, in the outpatient setting, and by the primary oncologist
- GOC should be revisited regularly, particularly during transition points in care, especially upon acute admission.

## Barriers to GOC conversations Changing cancer care landscape

“There are more treatment options available and I think that changes the way the oncologists and hematologists may approach the conversations because it's very hard then for them to sort of say no to further treatment...”  
Pharm1

“There's this wish to try to be as aggressive as possible in managing cancer”  
SocialWork3

## Siloed care models and lack of continuity between settings

“So I think the initial conversations...are often with the hospitalist primarily responsible for the patient, but they may or may not have had an opportunity to speak with their primary oncologist which can present some challenges in terms of missing prognostic information or treatment information...”  
ICU1

“It's the continuity. It is not there from outpatient to inpatient”  
MedOncFellow1

## Communication challenges

“I think clinicians often just don't feel prepared. They've never had any training in having a GOC conversation, are not sure where to start, and sometimes it's if it's not done well, it can be traumatic”  
PallCare2

“...making sure that all the people who are involved are present at the conversation, whether that's the primary oncologist, the inpatient team, taking care of the patient may be palliative care, and, if applicable, the ICU team and just how to get all of those people together to make sure that's happening in a timely manner.”  
ICU1

There is [sic] always some cases where the patient will not agree with you or the family doesn't agree with you and those are challenging cases to also bring up  
Hosp1

## Documentation

It feels like having a template would be easier for everybody. And so that is some of those missing pieces that we talked about would actually be there as a prompter for the person documenting.  
Pharm1

“...the majority of the medical staff and the nursing staff do not know where to look for something [in the chart] if it's not blatantly obvious what the goals of care are...”  
MedOncFellow1

“The other challenge that I face as a palliative care physician provider is that goals of care conversations may be happening between patients and their providers, but more often than not, conversations aren't documented in a deep way”.  
PallCare1

## Conclusions

- Comprehensive GOC conversations are impeded by clinician-, patient- and system-level barriers for patients admitted to acute oncology settings.
- Targeted strategies aimed at addressing these, tailored to local service models and culture, should be further explored and implemented.

## References

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